

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

ADDRESS (number and street)

1000 FREEDOM WAY

Check if different
than previously
reported. (ACC)

WEST BEND

WI

53095

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00772913

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 17 2021

through

M M M / D D D / Y Y Y Y Y Y
06 30 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

ABLER, TIM, , ,

Type or Print Name of Treasurer

Signature of Treasurer

ABLER, TIM, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 31 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="483077.88"/>	<input type="text" value="483077.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="483077.88"/>	<input type="text" value="483077.88"/>
7. Total Disbursements (from Line 31)	<input type="text" value="303868.61"/>	<input type="text" value="303868.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="179209.27"/>	<input type="text" value="179209.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	319070.00	319070.00
(ii) Unitemized	164007.88	164007.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	483077.88	483077.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	483077.88	483077.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	483077.88	483077.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	483077.88	483077.88

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	302932.61	302932.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	302932.61	302932.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	936.00	936.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	936.00	936.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	303868.61	303868.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	303868.61	303868.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	483077.88	483077.88
34. Total Contribution Refunds (from Line 28(d))	936.00	936.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	482141.88	482141.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	302932.61	302932.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	302932.61	302932.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLACKMAN, KENNY, , ,

Mailing Address 9217 EVERGREEN CANYON DRIVE

City
LAS VEGAS

State
NV

Zip Code
89134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IBM

Occupation (for Individual)
TECHNICAL SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11AI.4612.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRAY, PETER, , ,

Mailing Address 1414 AMESBURY LN

City
FRANKLIN

State
TN

Zip Code
37069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRAY COMPANIES, INC.

Occupation (for Individual)
TRANSPORTATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2021

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / **11** / **2021**

Transaction ID : SA11AI.4751.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLAMDCO, LOUIS, , ,

Mailing Address 40 CASA BELLA CIR

City
PALM COAST

State
FL

Zip Code
32137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / **17** / **2021**

Transaction ID : SA11AI.5213

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

05 / **17** / **2021**

Transaction ID : SA11AI.5213.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEL GROSSO, EDWARD, , ,

Mailing Address 341 ORCHARD DRIVE

City
GRANVILLE

State
OH

Zip Code
43023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2021

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2021

Transaction ID : SA11AI.5538.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BEND

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

98660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2021

Transaction ID : SA11AI.15626

Amount of Each Receipt this Period

98660.00

☐ Memo Item

IN KIND: COMMUNICATIONS CONSULTING

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

99660.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BEND

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

143410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2021

Transaction ID : SA11AI.15628

Amount of Each Receipt this Period

44750.00

☐ Memo Item

IN KIND: COMMUNICATIONS CONSULTING

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BEND

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

168410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2021

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BEND

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2021

Transaction ID : SA11AI.15629

Amount of Each Receipt this Period

41650.00

☐ Memo Item

IN KIND: COMMUNICATIONS CONSULTING

SUBTOTAL of Receipts This Page (optional).....▶

111400.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BEND

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11AI.15630

Amount of Each Receipt this Period

3150.00

☐ Memo Item

IN KIND: COMMUNICATIONS CONSULTING

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BEND

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278860.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2021

Transaction ID : SA11AI.15631

Amount of Each Receipt this Period

65650.00

☐ Memo Item

IN KIND: COMMUNICATIONS CONSULTING

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BEND

State
WI

Zip Code
53095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2021

Transaction ID : SA11AI.13312

Amount of Each Receipt this Period

29560.00

☐ Memo Item

IN KIND: MEDIA PRODUCTION / MEDIA PLACEMENT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

98360.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARDINER, RICK, , ,

Mailing Address 2600 SHEFFIELD CIRCLE SOUTH

City
HOPKINS

State
MN

Zip Code
55305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IAFFILIATE MANAGEMENT

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.11200

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.11200.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.12092

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2021

Transaction ID : SA11AI.12092.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLEState
GAZip Code
31082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.12091

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.12091.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2021

Transaction ID : SA11AI.12093

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2021

Transaction ID : SA11AI.12093.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2021

Transaction ID : SA11AI.12094

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2021

Transaction ID : SA11AI.12094.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLEState
GAZip Code
31082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2021

Transaction ID : SA11AI.14344

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2021

Transaction ID : SA11AI.14344.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2021

Transaction ID : SA11AI.15149

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2021

Transaction ID : SA11AI.15149.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15393

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15393.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLEState
GAZip Code
31082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15469

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15469.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15470

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15470.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

Transaction ID : SA11AI.15462

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10575.00

Date of Receipt

06 / 30 / 2021

Transaction ID : SA11AI.15462.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILES, LARRY, , ,

Mailing Address 214 JASMINE STREET

City
SANDERSVILLE

State
GA

Zip Code
31082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

06 / 30 / 2021

Transaction ID : SA11AI.15466

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10625.00

Date of Receipt

06 / 30 / 2021

Transaction ID : SA11AI.15466.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALLMAN, DAVID, , ,

Mailing Address 602 CARLA ANN DR

City
WESTVILLE

State
IN

Zip Code
46391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND CLIFFS

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2021

Transaction ID : SA11AI.11564

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2021

Transaction ID : SA11AI.11564.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALLMAN, DAVID, , ,

Mailing Address 602 CARLA ANN DR

City
WESTVILLE

State
IN

Zip Code
46391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND CLIFFS

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.14968

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.14968.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HELLSTERN, RONALD, , ,

Mailing Address 5102 HERITAGE OAKS DRIVE

City
COLLEYVILLE

State
TX

Zip Code
76034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.12672

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.12672.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HILL, JAMES, , ,

Mailing Address 575 GILIA PLACE

City
SPRING CREEKState
NVZip Code
89815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2021

Transaction ID : SA11AI.14296

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2021

Transaction ID : SA11AI.14296.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARP, PAUL, , ,

Mailing Address 1500 LANCEWOOD TERRACE

City
PALM CITYState
FLZip Code
34990FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2021

Transaction ID : SA11AI.7201

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶

525.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

05 / **14** / **2021**

Transaction ID : SA11AI.7201.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KARP, PAUL, , ,

Mailing Address 1500 LANCEWOOD TERRACE

City
PALM CITY

State
FL

Zip Code
34990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / **19** / **2021**

Transaction ID : SA11AI.7202

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

05 / **19** / **2021**

Transaction ID : SA11AI.7202.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KARP, PAUL, , ,

Mailing Address 1500 LANCEWOOD TERRACE

City
PALM CITYState
FLZip Code
34990FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2021

Transaction ID : SA11AI.14401

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2021

Transaction ID : SA11AI.14401.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KATEN, WILLIAM, , ,

Mailing Address 2975 MAVERICK DRIVE

City
LAKE HAVASU CITYState
AZZip Code
86404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15473

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

100.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9925.00

Date of Receipt

06 / **29** / **2021**

Transaction ID : SA11AI.15473.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIPP, MICHAEL, , ,

Mailing Address 444 SOUTH BEVERLY LANE

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / **04** / **2021**

Transaction ID : SA11AI.12515

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

8400.00

Date of Receipt

06 / **04** / **2021**

Transaction ID : SA11AI.12515.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIPP, MICHAEL, , ,

Mailing Address 444 SOUTH BEVERLY LANE

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15467

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15467.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARSHALL, JIM, , ,

Mailing Address 16370 WHITE OAK CIRCLE

City
JACKSON

State
WI

Zip Code
53037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VERSITI, INC.

Occupation (for Individual)
IS PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

Transaction ID : SA11AI.15544

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10900.00

Date of Receipt

06 / **30** / **2021**

Transaction ID : SA11AI.15544.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MASHETER, ROBERT, , ,

Mailing Address 1090 SOUTH HAMILTON ROAD

City
COLUMBUS

State
OH

Zip Code
43227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DICK MASHETER FORD

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / **07** / **2021**

Transaction ID : SA11AI.11723

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

8700.00

Date of Receipt

06 / **07** / **2021**

Transaction ID : SA11AI.11723.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCBRIDE, JAMES, , ,

Mailing Address 58 HIGH RIDGE RD.

City
NORWAY

State
ME

Zip Code
04268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

Transaction ID : SA11AI.7993

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

Transaction ID : SA11AI.7993.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, JOHN, , ,

Mailing Address 1019 W CAMINO DEL DESIERTO

City
GREEN VALLEY

State
AZ

Zip Code
85614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.12826

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

600.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.12826.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, JOHN, , ,

Mailing Address 1019 W CAMINO DEL DESIERTO

City
GREEN VALLEYState
AZZip Code
85614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
06 / 28 / 2021

Transaction ID : SA11AI.15114

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9700.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
06 / 28 / 2021

Transaction ID : SA11AI.15114.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

25.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, JOHN, , ,

Mailing Address 1019 W CAMINO DEL DESIERTO

City
GREEN VALLEYState
AZZip Code
85614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

Transaction ID : SA11AI.15297

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

Transaction ID : SA11AI.15297.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWCOMB, TERI, , ,

Mailing Address 229 RIDGE DR

City
JACKSONState
MSZip Code
39216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOONDOCKS FTAOccupation (for Individual)
FIREARMS INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11AI.11400

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7900.00

Date of Receipt

05 / 31 / 2021

Transaction ID : SA11Al.11400.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWCOMB, TERI, , ,

Mailing Address 229 RIDGE DR

City
JACKSON

State
MS

Zip Code
39216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOONDOCKS FTA

Occupation (for Individual)
FIREARMS INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2021

Transaction ID : SA11Al.13810

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9100.00

Date of Receipt

06 / 15 / 2021

Transaction ID : SA11Al.13810.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ORMEROID, STEPHEN, , ,

Mailing Address 629 WEST 4TH STREET

City
MARYSVILLE

State
OH

Zip Code
43040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.8678

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.8678.0

Amount of Each Receipt this Period

300.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ORMEROID, STEPHEN, , ,

Mailing Address 629 WEST 4TH STREET

City
MARYSVILLE

State
OH

Zip Code
43040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2021

Transaction ID : SA11AI.12281

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

8100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2021

Transaction ID : SA11AI.12281.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ORR, RICHARD, , ,

Mailing Address 23660 WATERSIDE DRIVE

City
BONITA SPRINGSState
FLZip Code
34134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2021

Transaction ID : SA11AI.13658

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

8800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2021

Transaction ID : SA11AI.13658.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAYNE, MAR, , ,

Mailing Address 2430 ROLLING GREEN DR

City
SANTA MARIA

State
CA

Zip Code
93455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2021

Transaction ID : SA11AI.14067

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2021

Transaction ID : SA11AI.14067.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUSSELL, FOSTER, , ,

Mailing Address 752 NORTH CAROLINA 62 E

City
PLEASANT GARDEN

State
NC

Zip Code
27313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.11999

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.11999.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SALINAS, MIKE, , ,

Mailing Address 3767 SKYVIEW DRIVE

City
JANESVILLE

State
WI

Zip Code
53546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.9508

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

5350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

Transaction ID : SA11AI.9508.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHELTON, GEORGE, , ,

Mailing Address 4124 KINGSFERRY

City
ARLINGTON

State
TX

Zip Code
76016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2021

Transaction ID : SA11AI.14237

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2021

Transaction ID : SA11AI.14237.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STASHOWER, MITCHELL, , ,

Mailing Address 5510 WILLOW VALLEY RD

City
CLIFTON

State
VA

Zip Code
20124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLINICAL SKIN CENTER

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11AI.10054

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / **12** / **2021**

Transaction ID : SA11AI.10054.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUBLETT, JACKIE, F, ,

Mailing Address PO BOX 1624

City
PANHANDLE

State
TX

Zip Code
79068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / **29** / **2021**

Transaction ID : SA11AI.12728

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7100.00

Date of Receipt

05 / **29** / **2021**

Transaction ID : SA11AI.12728.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VALLIERE, WAYNE, , ,

Mailing Address 486 AUSTRALIAN RD NW

City
PALM BAY

State
FL

Zip Code
32907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YOUNG'S COMMUNICATIONS

Occupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2021

Transaction ID : SA11AI.11754

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8200.00

Date of Receipt

06 / 02 / 2021

Transaction ID : SA11AI.11754.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VALLIERE, WAYNE, , ,

Mailing Address 486 AUSTRALIAN RD NW

City
PALM BAY

State
FL

Zip Code
32907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YOUNG'S COMMUNICATIONS

Occupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2021

Transaction ID : SA11AI.14515

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2021

Transaction ID : SA11AI.14515.0

Amount of Each Receipt this Period

350.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VALLIERE, WAYNE, , ,

Mailing Address 486 AUSTRALIAN RD NW

City
PALM BAYState
FLZip Code
32907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YOUNG'S COMMUNICATIONSOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2021

Transaction ID : SA11AI.14637

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2021

Transaction ID : SA11AI.14637.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VALLIERE, WAYNE, , ,

Mailing Address 486 AUSTRALIAN RD NW

City
PALM BAYState
FLZip Code
32907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YOUNG'S COMMUNICATIONSOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15550

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15550.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIDMER, PAUL, , ,

Mailing Address 2231 119TH AVENUE NORTHEAST

City
BLAINEState
MNZip Code
55449FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCGOUGHOccupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2021

Transaction ID : SA11AI.10834

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶

550.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2021

Transaction ID : SA11AI.10834.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNGDALE, CARL, , ,

Mailing Address 3940 NAVY PLACE

City
HIGH POINT

State
NC

Zip Code
27265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15484

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION: EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.15484.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION: SEE ATTRIBUTION ABOVE FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

319070.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Mailing Address 611 PENNSYLVANIA AVE SE #267

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13280**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2021

Mailing Address 611 PENNSYLVANIA AVE SE #267

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13283**

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA DEFENSE, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2021

Mailing Address 1000 FREEDOM WAY

City
WEST BENDState
WIZip Code
53095Purpose of Disbursement
IN KIND: COMMUNICATIONS CONSULTING

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.15632**

Amount of Each Disbursement this Period

98660.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

99660.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BENDState
WIZip Code
53095Purpose of Disbursement
IN KIND: COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	2			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.15633**

Amount of Each Disbursement this Period

44750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BENDState
WIZip Code
53095Purpose of Disbursement
IN KIND: COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	0			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.15634**

Amount of Each Disbursement this Period

41650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BENDState
WIZip Code
53095Purpose of Disbursement
IN KIND: COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.15635**

Amount of Each Disbursement this Period

3150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

89550.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BENDState
WIZip Code
53095Purpose of Disbursement
IN KIND: COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2021

FEC Identification Number

C**Transaction ID : SB21B.15636**

Amount of Each Disbursement this Period

65650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA DEFENSE, LLC

Mailing Address 1000 FREEDOM WAY

City
WEST BENDState
WIZip Code
53095Purpose of Disbursement
IN KIND: MEDIA PRODUCTION / MEDIA PLACEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2021

FEC Identification Number

C**Transaction ID : SB21B.13313**

Amount of Each Disbursement this Period

29560.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City
HAYMARKETState
VAZip Code
21069Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2021

FEC Identification Number

C**Transaction ID : SB21B.13314**

Amount of Each Disbursement this Period

2625.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97835.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2021

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City
HAYMARKETState
VAZip Code
21069Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14528**

Amount of Each Disbursement this Period

7375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13289**

Amount of Each Disbursement this Period

276.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13290**

Amount of Each Disbursement this Period

560.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8211.62

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13291**

Amount of Each Disbursement this Period

582.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13292**

Amount of Each Disbursement this Period

610.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13293**

Amount of Each Disbursement this Period

871.48

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2064.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13294**

Amount of Each Disbursement this Period

358.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13295**

Amount of Each Disbursement this Period

814.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13296**

Amount of Each Disbursement this Period

234.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1406.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13297**

Amount of Each Disbursement this Period

78.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13298**

Amount of Each Disbursement this Period

79.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13299**

Amount of Each Disbursement this Period

199.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

356.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13300**

Amount of Each Disbursement this Period

237.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13301**

Amount of Each Disbursement this Period

196.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13302**

Amount of Each Disbursement this Period

318.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

753.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13303**

Amount of Each Disbursement this Period

1102.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13304**

Amount of Each Disbursement this Period

100.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13305**

Amount of Each Disbursement this Period

41.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1244.83

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13306**

Amount of Each Disbursement this Period

24.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.13307**

Amount of Each Disbursement this Period

110.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14521**

Amount of Each Disbursement this Period

119.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

253.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14522**

Amount of Each Disbursement this Period

99.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14523**

Amount of Each Disbursement this Period

126.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14524**

Amount of Each Disbursement this Period

228.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

454.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14525**

Amount of Each Disbursement this Period

146.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14526**

Amount of Each Disbursement this Period

99.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14915**

Amount of Each Disbursement this Period

224.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

471.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14920**

Amount of Each Disbursement this Period

54.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.14921**

Amount of Each Disbursement this Period

19.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.15622**

Amount of Each Disbursement this Period

126.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

201.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.15623**

Amount of Each Disbursement this Period

389.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2021

Mailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.15624**

Amount of Each Disbursement this Period

35.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

424.68

302888.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

U.S. CONCEALED CARRY ASSOCIATION FOR SAVING LIVES

Full Name (Last, First, Middle Initial)

A. SUBLETT, JACKIE, F, ,

Mailing Address PO BOX 1624

City
PANHANDLEState
TXZip Code
79068Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2021

FEC Identification Number

C**Transaction ID : SB28A.13372**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

500.00